STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

<u>Greater Tompkins County Municipal Health Insurance Consortium</u>
Name of MCHBP

FOR THE FISCAL QUARTER ENDING March 31, 2015

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

2014 Revision

QUARTERLY STATEMENT

FOR THE QUARTER ENDING	March 31, 2015	

Greater Tompkins County Municipal Health Insurance Consortium (Name)

OF THE CONDITION AND AFFAIRS OF

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

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Date Certified As An MCHBP:	October 1, 2010			
Commenced Business:	January 1, 2011			
Mailing Address:	c/o Rick Snyder, Director of	Finance Tompkins County	125 East Court Street	Ithaca NY 14850
Address of Main Administrative Office:	Same as Mailing Address			
Telephone Number:	(607)-274-5502	Employer's ID Number:		27-1447438
Principal Location of Books and Records:	Same as Mailing Address	Employer of Directions.		27-17-17-100
Name of Administrator:	N/A			
Name of Statement Contact Person:	Donald Barber, Executive D	irector		
Statement Contact Person E-mail	sunnybrk@gmail.com	il ectol	Telephone Number;	(607)-539-3395
Clateries Contact 6:3011 E-mail	Summy bir Ki@gmair, Com	Minimus C	_ releptione realitibet.	(001)-004-0030
Service Areas (Counties):	Tompkins			
		OFFICERS*		
President:	Ludith Dunte	OTTICENS	Other Officer	Decimal Heat Vice Obsideration
	Judith Drake		_ Other Onicers	: Rordan Hart, Vice Chairperson
Secretary:	Charles Rankin		_	Richard Snyder, Treasurer
Chief Financial Officer:	Stephen P. Thayer			Donald Barber, Executive Director
		GOVERNING BOARD	*	
Name	Title			<u>Municipality</u>
Stephen P. Thayer	CFO		City of Ithaca	Municipality
Charles Rankin	Secretary		Village of Groton	en e
Donald Barber	Executive Director		Town of Caroline	The control of the co
Laura Shawley Mary Ann Sumner	Board Member Board Member		Town of Danby Town of Dryden	Carlos de parte e Constatas Constatas do Constata d
Herb Masser	Board Member		Town of Enfield	ACC A ALABAM AND
Don Scheffler	Board Member		Town of Groton	
Judith Drake	President		Town of Ithaca	
Nancy Zahler Peter Salton	Board Member Board Member		Town of Ulysses Village of Cayuga Hei	note
Michael Murphy	Board Member		Village of Dryden	grito
Charles V. Rankin	Board Member		Village of Groton	
Rordan Hart	Vice Chairperson		Village of Trumansbur	
Phil VanWormer Scott Weatherby	Board Member Board Member		CSEA, County of Tom	pkins land Community College
Mack Cook	Board Member		City of Cortland	naria dominaria, domege
Kathy Miller	Board Member		Town of Lansing	
Rick Snyder John Fracchia	Treasurer Board Member		County of Tompkins	
Genevieve A. Suits	Board Member		Town of Caroline Village of Homer	
Deborah Prato	Board Member		Tompkins County	
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	J. Martine and J. Mar			
STATE OF New York				
COUNTY OF	Tompkins	•		
Judith Drake		Chuck Rankin	···	, Secretary,
Steven Thayer		Corresponding person havi		
records of the MCHBP) of the and says that they are the above described of	Greater Tompkins County N			, being duly sworn, each for himself deposes
assets were the absolute property of the said I				
this Statement, together with related exhibits,				
statement of all the assets and liabilities and of its income and deductions therefrom for the pe				
its income and deductions therefrom for the pe	and reported, according to the	ie best of their information,	knowledge and belief, re	espectively.
Subscribed And Sworn To Before Me This	13	Day of	howard	President
May	2015		1/9/0	2011 D. C.
(Month)	(Year)	•	44.0	Secretary Secretary
anthuis Car	+ (''		_ Mul	Chief Financial Officer
NOTARY PUBLIC		•		
(Seal)		Ø :	,	(Corporate Seal)
	- 00/507	1		•
CATHERINE	COVERI			
Notary Public, Str	AIC OF THEM FOR			
No. 498	10100 anking County /			
Qualified in Ton Commission expires	tokins County			
Commission expires	(a) Is this an original filing?	,		No.[]
	(a) to the air original fittig!	3 01		and the second control of the second control
	(b) If no:	(i) state the amendment nu	mber	<u>and a property of the second section of the second second</u>
		(ii) date filed		
		, ,		
		(iii) number of pages attact	nea	

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

Revised 2014

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
. Bonds (Schedule B line 0199999, Page NY 9)	-	1000
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)		-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	_	
B. Real estate		
4.1 Cash (Schedule A Line 0399999, Page NY 8)	10,092,182	7,958,073
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)		
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	10,092,182	7,958,073
5. Premiums receivable (Schedule C, NY 10)	41,211	36,379
6. Other invested assets		
7. Receivable for securities 8. Aggregate write-in for invested assets		
Aggregate write-in for invested assets Subtotal cash and invested assets (Lines 1 to 8)	10 122 202	7.004.450
10. Investment income due and accrued	10,133,393	7,994,452
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	125,000	125.000
11.2 Funds held by or deposited with reinsured companies	123,000	125,000
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest		
thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software	,	
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		415,237
16. Aggregate write-in for other than invested assets	6,920,183	6,908,315
17. Total Assets(Lines 9 to 16)	17,178,576	15,443,004
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR		
INVESTED ASSETS 0801.		
0802.		
0802.		
0804.		
0805.		
0898. Summary of remaining write-ins for Item 8 from overflow page	_	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	
DETAIL OF WRITE INC ACCRECATED AT ITEM 40 FOR CTUED		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. Restricted Cash	5,955,086	5,953,618
1602. Ancillary Benefits Receivable	968	
1603. Excellus BCBS Prepaid Claims (Advance Deposit)	953,700	953,700
1604. Prepaid Expenses	10,429	997
1605.		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	<u> </u>
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,920,183	6,908,315

^{*} As reported on Prior Year End filed Annual Statement.

OF THE <u>Greater Tompkins County Municipal Health Insurance Consortium</u>
(Name)

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	1 Total	2 Total
Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,951,178	3.800.339
2. Premiums received in advance	318,409	345,672
General expenses due or accrued		
4.1 Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		
5. Ceded reinsurance premiums payable 6. Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		
B. Payable for securities		
9. Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	_	9,508
11. Accounts payable (Schedule G, NY12)	385,438	386,786
12. Claim stabilization reserve	-	
13. Uneamed premiums		
14. Loans and notes payable	-	
15. Aggregate write-ins for current liabilities	10,576	
16. Total liabilities (Lines 1 to 15)	4,665,601	4,542,305
17. Aggregate write-ins for special surplus funds 18. Gross paid-in and contributed surplus	606,898	606,898
19. Unassigned funds (surplus)	10,102,912	8,490,636
20. Surplus notes	10,102,912	0,490,030
21. Surplus per Section 4706(a)(5) ***	1,803,165	1,803,165
22. Total capital and surplus (Lines 17 to 21)	12,512,975	10,900,699
23. Total liabilities, capital, and surplus (Lines 16 + 22)	17,178,576	15,443,004
1001. Prepaid Ancillary Benefits/ 1002. 1003.	-	9,508
1004.		
1005.		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	· · · · · · · · · · · · · · · · · · ·
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)		9,508
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. Uneamed Ancillary Benefits Premiums	10,576	
1502.	10,070	
1503.	_	
1504.	-	
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page		•
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	10,576	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS		
1701. Assigned for Catastrophic Claims	606,898	606,898
1701. Assigned for Catastrophic Claims	000,098	000,898
1703.	_	
1704.		
1704. 1705. 1798. Summary of remaining write-ins for Item 17 from overflow page 1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	- 606,898	606.898

^{*} As reported on Prior Year End filed Annual Statement.

 $^{^{\}star\star}$ Calculation of current year reserves shown on NY14 (Schedule K).

OF THE <u>Greater Tompkins County Municipal Health Insurance Consortium</u>
(Name)

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

Member Months Net premium income; 2.1 Basic 2.2 Drugs 2.3 Total Change in unearned premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs 3.2 Total Aggregate write-ins for other health care related revenues Investment Non-health revenues Total revenues (Items 2 to 6) ospital and Medical: Hospital/medical benefits Other professional services 0. Outside referrals 1. Emergency room and out-of-area 2. Prescription drugs 3. Aggregate write-ins for other hospital and medical 4. Incentive pool, withhold adjustments and bonus amounts 5. Aggregate write-ins for other expenses 5. Subtotal (Lines 8 to 15) 1955: 1956: 1957: 1967: 1968: 1979: 1970: 2070: 2071: 207	1 Total 15,128 7,257,088 2,132,548 9,389,636 9,389,636 3,221 31,609 9,424,466 5,217,836 1,980,497 - 59,689 7,258,022 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,988 7,779,990 1,644,476	2 Total 2 Total 15,173 9,164,313 9,164,313 9,164,313 9,164,313 9,164,313 9,164,313 1,942,027 1,853,021 1,942,027 1,853,021 1,945,022 1,7,395 207,883 484,929 4,341,451 4,861,863 (34,907) 4,826,956 4,826,956 1,9,164,913 1,0,946 1,0,	3 Total 60,188 27,616,979 8,446,312 36,063,291 12,641 134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458 (129,008) 4,066,450 4,066,450 4,066,450	4 PMPM XXX 479.71 140.97 620.68	5 PMPM XXX 458.85 140.33 599.18 0.21 XXX 601.62 377.23 117.15 9.58 503.96 3.33 500.63 1.13 15.87 1.06 12.39 31.29 531.92 69.71 (2.14 67.56
Net premium income: 2.1 Basic 2.2 Drugs 2.3 Total Change in unearned premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs 3.2 Total Aggregate write-ins for other health care related revenues Investment Non-health revenues Total revenues (Items 2 to 6) Despital and Medical: Hospital/medical benefits Other professional services 0. Outside referrals 1. Emergency room and out-of-area 2. Prescription drugs 3. Aggregate write-ins for other hospital and medical 4. Incentive pool, withhold adjustments and bonus amounts 5. Aggregate write-ins for other expenses 5. Subtotal (Lines 8 to 15) 5. Ses: 7. Net reinsurance recoveries 8. Total hospital and medical (Lines 16-17) 9. Claims adjustment expenses, including cost containment expenses 0.0 General administrative expenses 2.0.1 Compensation 2.0.2 Interest expense 2.0.3 Occupancy, depreciation, and amortization 2.0.4 Marketing 2.0.5 Professional Fees 2.0.6 Administration Fees 2.0.7 Consulting Fees 2.0.8 Aggregate write-ins for other administrative expenses 2.0.9 Total administrative expenses 2.0.9 Total administrative expenses 2.0.1 Compensation 3. Net underwriting deductions (Lines 18 to 21) 3. Net underwriting deductions (Lines 18 to 21) 3. Net underwriting deductions (Lines 18 to 21) 3. Net investment jains or (losse) (Lines 24 + 25) 4. Aggregate write-ins for other income or expenses 3. Net investment gains or (losses) (Lines 24 + 25) 5. Aggregate write-ins for other income or expenses 3. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 5. Federal income taxes (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	7,257,088 2,132,548 9,389,636 3,221 31,609 9,424,466 5,217,836 1,980,497 59,689 7,258,022 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,988 7,779,990 1,644,476	9,164,313 9,164,313 9,164,313 9,164,313 1,942,027 1,853,021 1,942,027 1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	27,616,979 8,446,312 36,063,291 12,641 134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	479,71 140,97 620,68 0,21 XXX 622,98 344,91 130,92 130,92 1,01 1,01 2,17 16,39 1,21 13,73 34,50 514,28 108,70 (2,13) 106,58	458.85 140.33 599.18
2.2 Drugs 2.3 Total Change in unearmed premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs 3.2 Total Aggregate write-ins for other health care related revenues Investment Non-health revenues Total revenues (Items 2 to 6) cospital and Medical: Hospital/medical benefits Other professional services Outside referrals Deservation or other hospital and medical Deservation or other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Ses: Net reinsurance recoveries Outchers adjustment expenses, including cost containment expenses Outchers adjustment ex	2,132,548 9,389,636 3,281 31,609 9,424,466 5,217,836 1,980,497 59,689 7,258,022 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,988 7,779,990 1,644,476	9,164,313	8,446,312 36,063,291 12,641 134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	140.97 620.68	140.33 599.18
2.3 Total Change in unearned premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs 3.2 Total Aggregate write-ins for other health care related revenues Investment Non-health revenues Total revenues (Items 2 to 6) ospital and Medical: Hospital/medical benefits Other professional services Outside referrals Emergency room and out-of-area Prescription drugs Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) ses: Net reinsurance recoveries Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses 0.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Adgregate write-ins for other administrative expenses 20.9 Total administrative expenses 1. Increase in reserves for A&H contracts Total underwriting gein or (loss) (Lines 7 - 22) Net investment income eamed Net underwriting gein or (loss) (Lines 7 - 22) Net investment income eamed Net underwriting gein or (loss) (Lines 7 - 22) Net investment income eamed Net investment income eamed Net investment gains or (losses) less capital gains taxes Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment gains or (losse) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment gains or (losse) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment gains or (losse) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net income or (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES	9,389,636	3,492 35,509 9,203,314 1,942,027 1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	36,063,291 12,641 134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,893,458 32,015,133 4,195,458	620.68	599.18
3.1 Basic 3.2 Drugs 3.2 Total Aggregate write-ins for other health care related revenues Investment Non-health revenues Total revenues (Items 2 to 6) Despital and Medical: Hospital/medical benefits Other professional services Outside referrals Emergency room and out-of-area Prescription drugs Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Ses: Net reinsurance recoveries Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses General administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses Increase in reserves for A&H contracts Total underwriting gain or (loss) (Lines 7 - 22) Net investment income eamed Net underwriting gain or (loss) (Lines 7 - 22) Net investment income eamed Net investment income eamed Net realized capital gains or (losses) less capital gains taxes Net investment income eamed Net investment income eamed Net investment gains or (losses) less capital gains taxes Net investment income eamed Net investment gains or (losse) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net income or (loss) after capital gains tax and before all other federal income taxes incurred Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES	3,221 31,609 9,424,466 5,217,836 1,980,497 59,689 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	35,509 9,203,314 1,942,027 1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458		0.21 XXX 601.62 377.23 377.23 117.15 117.15 9.58 503.96 0.85 1.13 15.87 1.06 12.39 31.29 531.92 69.71 (2.14
3.2 Total Aggregate write-ins for other health care related revenues Investment Non-health revenues Total revenues (Items 2 to 6) Ospital and Medical: Hospital/medical benefits Other professional services O. Outside referrals I. Emergency room and out-of-area Prescription drugs 3. Aggregate write-ins for other hospital and medical I. Incentive pool, withhold adjustments and bonus amounts I. Aggregate write-ins for other expenses S. Subtotal (Lines 8 to 15) Sess: I. Net reinsurance recoveries J. Total hospital and medical (Lines 16-17) O. Claims adjustment expenses, including cost containment expenses O. Ceneral administrative expenses O. 2. Interest expense 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses I. Increase in reserves for A&H contracts 2. Total underwriting geductions (Lines 18 to 21) J. Net underwriting gain or (loss) (Lines 7 - 22) J. Net investment income earned J. Net realized capital gains or (losses) less capital gains taxes J. Net investment tincome earned J. Net investment gains or (losses) (Lines 24 + 25) J. Aggregate write-ins for other income or expenses J. Net income or (ioss) after capital gains tax and before all other federal income taxes incurred J. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES J. Co. Aggregate write-ins for other income or expenses J. Co. Aggregate write-ins for other income or expenses J. Recome of the professional professi	3,221 31,609 9,424,466 5,217,836 1,980,497 59,689 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	35,509 9,203,314 1,942,027 1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458		0.21 XXX 601.62 377.23 377.23 117.15 117.15 9.58 503.96 0.85 1.13 15.87 1.06 12.39 31.29 531.92 69.71 (2.14
Aggregate write-ins for other health care related revenues Investment Non-health revenues Total revenues (Items 2 to 6) Despital and Medical: Hospital/medical benefits Other professional services Outside referrals Emergency room and out-of-area Prescription drugs Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Ses: Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses Total hospital and medical (Lines 16-17) Claims adjustment expenses Co.1 Compensation Coupancy, depreciation, and amortization Co.4 Marketing Co.5 Professional Fees Co.6 Administration Fees Co.7 Consulting Fees Co.8 Aggregate write-ins for other administrative expenses Increase in reserves for A&H contracts Total underwriting gain or (loss) (Lines 18 to 21) Net investment income eamed Net realized capital gains or (losses) less capital gains taxes Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) Federal income taxes incurred Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES	3,221 31,609 9,424,466 5,217,836 1,980,497 59,689 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	35,509 9,203,314 1,942,027 1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458		0.21 XXX 601.62 377.23 377.23 117.15 9.58 503.96 3.33 500.63 1.13 15.87 1.06 12.39 33.1.29 531.92 69.71 (2.14
Non-health revenues Total revenues (Items 2 to 6) pospital and Medical: Hospital/medical benefits Other professional services Other professional services Other professional services Prescription drugs Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) possion Total hospital and medical (Lines 16-17) Clalims adjustment expenses, including cost containment expenses On General administrative expenses On Compensation On Admarketing On Admarketing On Admarketing On Admarketing On Fees On Consulting Fees On Consulting Fees On Consulting Fees On Total administrative expenses Increase in reserves for A&H contracts Total underwriting deductions (Lines 18 to 21) Net investment income earmed Net investment income earmed Net realized capital gains or (losses) (Lines 7 - 22) Aggregate write-ins for other income or expenses Net investment income earmed Net realized capital gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment income earmed Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) Federal income taxes incurred Net income (loss) (Lines 28 - 29)	31,609 9,424,466 5,217,836 1,980,497 - 59,689 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	35,509 9,203,314 1,942,027 1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	134,659 36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	XXX 622.98 344.91	XXX 601.62 377.23 117.15 9.58 503.96 500.63 1.13 15.87 1.06 12.39 31.29 531.92 69.71 (2.14
Total revenues (Items 2 to 6) Dispital and Medical: Hospital/medical benefits Other professional services Outside referrals Emergency room and out-of-area Prescription drugs Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Ses: Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses On Compensation 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses Increase in reserves for A&H contracts Total underwriting deductions (Lines 18 to 21) Net investment income eamed Net realized capital gains or (losses) less capital gains taxes Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) Federal income taxes incurred Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES	9,424,466 5,217,836 1,980,497 59,689 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,988 7,779,990 1,644,476	9,203,314 1,942,027 1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	36,210,591 22,704,500 7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	622.98 344.91	377.23 377.23
Hospital/medical benefits Other professional services O. Outside referrals I. Emergency room and out-of-area Prescription drugs Aggregate write-ins for other hospital and medical I. Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Sess: I. Net reinsurance recoveries I. Total hospital and medical (Lines 16-17) O. Claims adjustment expenses, including cost containment expenses O. General administrative expenses O. 1 Compensation O. 2. Interest expense O. 3 Occupancy, depreciation, and amortization O. 4 Marketing O. 5 Professional Fees O. 6 Administration Fees O. 7 Consulting Fees O. 8 Aggregate write-ins for other administrative expenses I. Increase in reserves for A&H contracts D. Total underwriting deductions (Lines 18 to 21) Net underwriting gain or (loss) (Lines 7 - 22) Net investment income earned D. Net realized capital gains or (losses) less capital gains taxes D. Aggregate write-ins for other income or expenses D. Net investment gains or (losses) (Lines 24 + 25) D. Aggregate write-ins for other income or expenses D. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) D. Federal income taxes incurred D. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES D. 102.	1,980,497	1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	130,92 - 3,95 479,77 - 479,77 - 1,01 - - 2,17 16,39 1,21 13,73 34,50 - 514,28 108,70 - (2,13)	117.15 9.58 503.96 3.33 500.63 0.85
Other professional services O Outside referrals I. Emergency room and out-of-area Prescription drugs Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Pess: Net reinsurance recoveries Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses O General administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses Increase in reserves for A&H contracts Total underwriting deductions (Lines 18 to 21) Net underwriting gain or (loss) (Lines 7 - 22) Net underwriting gain or (losse) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net investment income earned Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) Federal income taxes incurred Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES	1,980,497	1,853,021 61,474 3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	7,050,989 576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	130,92 - 3,95 479,77 - 479,77 - 1,01 - - 2,17 16,39 1,21 13,73 34,50 - 514,28 108,70 - (2,13)	117.15 9.58 503.96 3.33 500.63 0.85
O Outside referrals Emergency room and out-of-area E Prescription drugs Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Sess: Net reinsurance recoveries Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses Confereral administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses Increase in reserves for A&H contracts Total underwriting deductions (Lines 18 to 21) Net investment income earned Net realized capital gains or (losses) less capital gains taxes Net investment gains or (losses) (Lines 24 + 25) Aggregate write-ins for other income or expenses Net income or (loss) after capital gains tax and before all other federal income taxes incurred Net income taxes (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES	32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	130.92 	117.15 9.55 503.96 500.63 500.63 500.63 1.13 15.87 1.06 12.35 31.25 531.92 69.74 67.56
2. Prescription drugs 3. Aggregate write-ins for other hospital and medical 4. Incentive pool, withhold adjustments and bonus amounts 5. Aggregate write-ins for other expenses 6. Subtotal (Lines 8 to 15) 858: 7. Net reinsurance recoveries 7. Net reinsurance recoveries 7. Net reinsurance recoveries 7. Net reinsurance recoveries 8. Total hospital and medical (Lines 16-17) 9. Claims adjustment expenses, including cost containment expenses 9. General administrative expenses 9. General administrative expenses 9. 20.1 Compensation 9. 20.2 Interest expense 9. 20.3 Occupancy, depreciation, and amortization 9. 4 Marketing 9. 5 Professional Fees 9. 6 Administration Fees 9. 7 Consulting Fees 9. 8 Aggregate write-ins for other administrative expenses 9. Increase in reserves for A&H contracts 9. Total underwriting deductions (Lines 18 to 21) 9. Net underwriting gain or (loss) (Lines 7 - 22) 9. Net underwriting gain or (losses) less capital gains taxes 9. Net investment income earmed 9. Net realized capital gains or (losses) (Lines 24 + 25) 9. Aggregate write-ins for other income or expenses 9. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	576,799 30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	3.95 479.77 - 479.77 - - - 1.01 - - 2.17 16.39 1.21 13.73 34.50 - 514.28 108.70	9,58 503,98 503,98 3,33 500,63
Incentive pool, withhold adjustments and bonus amounts Aggregate write-ins for other expenses Subtotal (Lines 8 to 15) Ses: Net reinsurance recoveries Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses General administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses Increase in reserves for A&H contracts Total underwriting gain or (loss) (Lines 18 to 21) Net underwriting gain or (loss) (Lines 7 - 22) Net underwriting deductions (Lines 18 to 21) Net investment income earmed Net realized capital gains or (losses) less capital gains taxes Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) Federal income taxes incurred Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES	7,258,022 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	3,95 479,77 479,77	9.58 503.96 3.33 500.63
5. Aggregate write-ins for other expenses 5. Subtotal (Lines 8 to 15) 5. Sest: 7. Net reinsurance recoveries 7. Net reinsurance recoveries 8. Total hospital and medical (Lines 16-17) 9. Claims adjustment expenses, including cost containment expenses 9. General administrative expenses 9. Compensation 9. Coupancy, depreciation, and amortization 9. Adarketing 9. Soccupancy, depreciation, and amortization 9. Aministration Fees 9. Aggregate write-ins for other administrative expenses 9. Aggregate write-ins for other administrative expenses 9. Increase in reserves for A&H contracts 9. Total underwriting deductions (Lines 18 to 21) 9. Net underwriting dain or (loss) (Lines 18 to 21) 9. Net investment income earned 9. Net realized capital gains or (losses) less capital gains taxes 9. Net investment gains or (losses) (Lines 24 + 25) 9. Aggregate write-ins for other income or expenses 9. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	7,258,022 7,258,022 7,258,022 15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	3,856,522 3,856,522 9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	30,332,288 200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	3,95 479,77 479,77 1,01 2,17 16,39 1,21 13,73 34,50 - 514,28 108,70 - (2,13)	9,58 503,98 3,33 500,63
Page 2. Net reinsurance recoveries 7. Net reinsurance recoveries 8. Total hospital and medical (Lines 16-17) 9. Claims adjustment expenses, including cost containment expenses 9. General administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 1. Increase in reserves for A&H contracts 2. Total underwriting gain or (loss) (Lines 18 to 21) 8. Net underwriting gain or (loss) (Lines 7 - 22) 9. Net investment income eamed 9. Net realized capital gains or (losses) less capital gains taxes 9. Net investment gains or (losses) (Lines 24 + 25) 9. Aggregate write-ins for other income or expenses 9. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 10. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	7,258,022 15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	200,613 30,131,675 50,939 68,012 955,264 63,502 745,741 1,863,458 32,015,133 4,195,458	479.77 	3.33 500,63 0.85 - - 1.13 15.87 1.06 12.35 31.25 69.74 - (2.14
7. Net reinsurance recoveries 3. Total hospital and medical (Lines 16-17) 9. Claims adjustment expenses, including cost containment expenses 9. General administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 1. Increase in reserves for A&H contracts 2. Total underwriting deductions (Lines 18 to 21) 8. Net underwriting gain or (loss) (Lines 18 to 21) 9. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 9. Net investment gains or (losses) (Lines 24 + 25) 9. Aggregate write-ins for other income or expenses 9. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	30,131,675 50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458 (129,008) 4,066,450	479.77	500.63
2. Claims adjustment expenses, including cost containment expenses 3. General administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 3. Increase in reserves for A&H contracts 3. Increase in reserves for A&H contracts 4. Total underwriting gain or (loss) (Lines 18 to 21) 5. Net underwriting gain or (loss) (Lines 7 - 22) 6. Net investment income eamed 6. Net realized capital gains or (losses) less capital gains taxes 6. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101. 102. 103.	15,208 32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	9,113 10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	50,939 68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	- 1.01 - 2.17 16.39 1.21 13.73 34.50 - 514.28 108.70 - (2.13)	0.86
20. General administrative expenses 20.1 Compensation 20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 1. Increase in reserves for A&H contracts 2. Total underwriting deductions (Lines 18 to 21) 3. Net underwriting gain or (loss) (Lines 7 - 22) 4. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 6. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 25 + 27) 9. Federal income taxes incurred 10. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	1.01 - - 2.17 16.39 1.21 13.73 34.50 - 514.28 108.70 - (2.13)	0.85
20.2 Interest expense 20.3 Occupancy, depreciation, and amortization 20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 20.9 Total administrative expenses 20.9 Total administrative expenses 20.1 Increase in reserves for A&H contracts 20.1 Total underwriting deductions (Lines 18 to 21) 30. Net underwriting gain or (loss) (Lines 7 - 22) 40. Net investment income earned 40. Net realized capital gains or (losses) less capital gains taxes 40. Net investment gains or (losses) (Lines 24 + 25) 40. Aggregate write-ins for other income or expenses 40. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 40. Federal income taxes incurred 40. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 401.	32,851 248,000 18,236 207,673 521,968 7,779,990 1,644,476	10,946 239,592 17,395 207,883 484,929 4,341,451 4,861,863	68,012 955,264 63,502 745,741 1,883,458 32,015,133 4,195,458	2.17 16.39 1.21 13.73 34.50 	-1.13 15.87 1.06 12.39 31.29 531.92 69.71
20.4 Marketing 20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 1. Increase in reserves for A&H contracts 2. Total underwriting deductions (Lines 18 to 21) 3. Net underwriting gain or (loss) (Lines 7 - 22) 4. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 6. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	248,000 18,236 207,673 521,968 7,779,990 1,644,476	239,592 17,395 207,883 484,929 4,341,451 4,861,863	955,264 63,502 745,741 1,863,458 32,015,133 4,195,458 (129,008) 4,066,450	2.17 16.39 1.21 13.73 34.50 514.28 108.70	-1.11 1.15 15.87 1.06 12.38 31.25 -531.92 69.71 (2.14
20.5 Professional Fees 20.6 Administration Fees 20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 20.9 Total administrative expenses 2. Total underwriting deductions (Lines 18 to 21) 3. Net underwriting gain or (loss) (Lines 7 - 22) 4. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 5. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	248,000 18,236 207,673 521,968 7,779,990 1,644,476	239,592 17,395 207,883 484,929 4,341,451 4,861,863	955,264 63,502 745,741 1,863,458 32,015,133 4,195,458 (129,008) 4,066,450	2.17 16.39 1.21 13.73 34.50 - 514.28 108.70 - (2.13)	1.13 15.87 1.06 12.35 31.25 531.92 69.71
20.7 Consulting Fees 20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 1. Increase in reserves for A&H contracts 2. Total underwriting deductions (Lines 18 to 21) 3. Net underwriting gain or (loss) (Lines 7 - 22) 4. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 6. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	18,236 207,673 521,968 7,779,990 1,644,476 (32,200)	17,395 207,883 484,929 4,341,451 4,861,863 (34,907) 4,826,956	63,502 745,741 1,883,458 32,015,133 4,195,458 (129,008) 4,066,450	1.21 13.73 34.50 514.28 108.70 - (2.13)	1.06 12.33 31.25 531.92 69.71 (2.14
20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses 1. Increase in reserves for A&H contracts 2. Total underwriting deductions (Lines 18 to 21) 3. Net underwriting gain or (loss) (Lines 7 - 22) 4. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 5. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101.	207,673 521,968 7,779,990 1,644,476 (32,200)	207,883 484,929 4,341,451 4,861,863 (34,907) 4,826,956	745,741 1,893,458 32,015,133 4,195,458 (129,008) 4,066,450	13.73 34.50 - 514.28 108.70 - - (2.13)	12.39 31.22 531.92 69.71 - - (2.14
I. Increase in reserves for A&H contracts 2. Total underwriting deductions (Lines 18 to 21) 3. Net underwriting gain or (loss) (Lines 7 - 22) 4. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 6. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 25 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101. 102. 103.	7,779,990 1,644,476 (32,200)	4,341,451 4,861,863 - (34,907) 4,826,956	32,015,133 4,195,458 (129,008) 4,066,450	514.28 108.70 - - (2.13)	531.92 69.71 - - (2.14
2. Total underwriting deductions (Lines 18 to 21) 3. Net underwriting gain or (loss) (Lines 7 - 22) 4. Net investment income earned 5. Net realized capital gains or (losses) less capital gains taxes 5. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101. 102. 103.	1,644,476 - (32,200) 1,612,276	4,861,863 - (34,907) 4,826,956	4,195,458 - (129,008) 4,066,450	514.28 108.70 - - (2.13)	69.71 - - (2.14 67.56
I. Net investment income eamed 5. Net investment gains or (losses) less capital gains taxes 5. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 25 + 27) 9. Federal income taxes incurred 10. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 1012.	(32,200)	(34,907) 4,826,956	(129,008) 4,066,450	(2.13)	- - (2.14 67.56
5. Net realized capital gains or (losses) less capital gains taxes 5. Net investment gains or (losses) (Lines 24 + 25) 7. Aggregate write-ins for other income or expenses 8. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 9. Federal income taxes incurred 9. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101. 102.	1,612,276	4,826,956	4,066,450	- (2.13) 106,58	(2.14
7. Aggregate write-ins for other income or expenses 3. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27) 4. Federal income taxes incurred 5. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 1012. 102. 103.	1,612,276	4,826,956	4,066,450	(2.13) 106.58	(2.14 67.56
federal income taxes (Lines 23 + 26 + 27) 7. Federal income taxes incurred 7. Net income (loss) (Lines 28 - 29) ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101. 102. 103.	1,612,276	4,826,956	4,066,450	106.58	67.56 -
ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101. 102. 103.	-	· · · -	· · · -	-	-
ETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER EALTH CARE RELATED REVENUES 101. 102.	1,612,276	4,826,956	4.066.450	400 50	G7 E6
EALTH CARE RELATED REVENUES 101. 102. 103.			4,000,400	106.58	07.00
901. 902. 903.					
103.				-	_
				-	-
104.				-	_
195 198. Summary of remaining write-ins for Item 4 from overflow page					-
199. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-	-		-	-
ETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER					
OSPITAL AND MEDICAL 301.				_	
302.				_	_
303. 304.				-	-
305.				-	-
198. Summary of remaining write-ins for Item 13 from overflow page 199. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)	-		-	-	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER					
KPENSES					
501. NYS Graduate Medical Education Tax 502. ACA Traditional Reinsurance Fee	59,689	61,474	241,282 316,764	3.95	4.01 5.26
503. Flu Clinics			8,575	,	0.14
604. Patient Care Outcomes Research Institution Fee (PCORI) 605.			10,178		0.17
1998. Summary of remaining write-ins for Item 15 from overflow page 1999. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)		~ -	E70 70°	-	
99. 10 1729 (Remis 1991 tillu 1999 plus 1998) (Page 4, Rem 15)	59,689	61,474	576,799	4	10
ETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER					
DMINISTRATIVE EXPENSES 0.801. Insurance (Directors & Officers, Professional Liability)	28,160	24,957	24,957	1.86	0.4
0.802. Stop Loss Premiums	179,513	182,926	720,784	11.87	11.98
0.803. 0.804.				<u>-</u>	
0.805. 0.898. Summary of remaining write-ins for Item 20.8 from overflow page				-	-
0.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	207,673	207,883	745,741	14	12
ETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER					
COME OR EXPENSES					
701. Miscellaneous Expenses 702. Insured Ancillary Benefits Expense	(1,934) (31,454)	(264)	(1,144) (127,864)	(0.13)	(0.02 (2.12
703. Other Income	1,188	104,040)	(121,004)	0.08	-
704. 705.					-
798. Summary of remaining write-ins for Item 27 from overflow page					-
799. TOTALS (Items 2701 thru 2705 plus 2798) (Page 4, item 27)	(32,200)	(34,907)	(129,008)	- (2)	

^{*} As reported on Prior Year End filed Annual Statement.

OF THE <u>Greater Tompkins County Municipal Health Insurance Consortium</u>
(Name)

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
31. Capital and surplus prior reporting year	Total	Total
GAINS AND LOSSES TO CAPITAL & SURPLUS:	10,900,699	7,048,883
32. Net income or (loss) from Line 30	1 612 276	4.066.450
33. Change in valuation basis of aggregate policy and claim reserve	1,612,276	4,066,450
34. Change in net unrealized capital gains and losses less capital gains tax		
35. Change in net deferred income tax	****	
36. Change in nonadmitted assets		
37. Change in unauthorized reinsurance		
38. Change in surplus notes	-	
39. Cumulative effect of changes in accounting principles		
40. Capital Changes		
40.1 Paid in		
40.2 Transferred to surplus		
41. Surplus adjustments:		
41.1 Paid in		
41.2 Transferred from capital		
42. Dividends to participating municipal corporations (or school districts)	T-11"3	
43. Change in surplus per Section 4706(a)(5)	-	77,781
44. Change in retained earnings/fund balance	-	(77,781)
45. Interest on surplus notes		***************************************
46. Aggregate write-ins for changes in other net worth items 47. Aggregate write-ins for gains or (losses) in surplus	-	(214,634)
48. Net change in capital and surplus (Lines 32 to 47)	1 010 070	
49. Capital and surplus (Lines 32 to 47) 49. Capital and surplus end of reporting period (Line31 + 48)**	1,612,276 12,512,975	3,851,816 10,900,699
40. Capital and surplus end of reporting period (Lines) 1 40)	12,512,975	10,900,099
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4601. Additional needed for 12% IBNR	\$ -	\$ (214,634)
4602. 4603.		
4003.		
4604		
4698. Summary of remaining write-ins for Item 46 from overflow page		
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	(214,634)
4000 Page 3, Rem 40)		(214,034)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS 4701.		
4701 4702		
4703.		
4703. 4704.		
4705.		
4798. Summary of remaining write-ins for Item 47 from overflow page	-	
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	_	-
,		

^{*} As reported on Prior Year End filed Annual Statement. ** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES

	agreement;			inicipal cooperation agreement; administra al corporations (or school districts)?	auon	Yes[]	No [X]
p) 1	lf "Yes", wh	en was the filing request to c	change the agreements or	documents filed with the Department of Fir	nancial Services?	C	oate: N/A
i	i) If "app	proved", when was the filing r	equest approved?			0	Pate: N/A Pate: N/A Pate: N/A Pate: N/A
i	ii) If not "	'approved" yet, what is the st	atus of the filing request a	nd the status date?			Date: N/A
					• •		Date: N/A Date: N/A Date: N/A
1	lf "Yes", atta	ach current copies of the doc	cuments <u>if they have not be</u>	een previously submitted.			
				P was made or is being made, came available from either the state or the		Ε	Date: 12/31
		This date should be the date		sheet and not the date the report was comp	pleted	Ε	Date: 12/31
				entity, receive directly or indirectly, during transactions of the reporting entity?	; the	Yes[]	No[X]
o) 1	lf "Yes", giv	e particulars:					
-			dr.A		***************************************	-	
		y loaned, directly or indirectly ease complete the schedule b		d by this report to any employee, officer, or	r director of the MCHBP?	Yes[]	No [X]
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Load Principal Outstand at Quarter End	ling Loan
		99. Totals					
,	officer, or di	ricated, directly of indirectly indirectly in indirectly if "Ye	r, phor to the penda covere s", please complete the so	d by this report, with an amount still outsta thedule below.	inding, to any employee,	Yes[]	No[X]
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Load Principal Outstand at Quarter End	ling Loan
					200 - 200 -		
					44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	and a series and the country of the	
			12.2			energia produce de la comercia de l La comercia de la co	
		99, Totals					
	is the fiscal	99. Totals officer of the MCHBP cover e name of surety company, a				Yes [X]	No[]
) [- - 	Is the fiscal If "Yes", given The Consor Bond). This Shaumburg	officer of the MCHBP cover e name of surety company, a rtium Treasurer and the Cons s coverage is provided throu	and amount of coverage: sortium Assistant to the Tre gh Fidelity and Deposit Co a subsidary of Zurich Ame	easurer are both covered by the County of mpany of Maryland, Colonial American Carican Insurance Company. The coverage 0,000 maximum.	sualty and Surety Compar	ionesty Bond (a.k.a. ny, 1400 American L	Fidelity
) - - -	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropra Were all the	officer of the MCHBP cover- ee name of surety company, a ritium Treasurer and the Cons s coverage is provided through, IL 60196. This company is ation of funds and each pers e stocks, bonds, and other st	and amount of coverage: sortium Assistant to the Tre gh Fidelity and Deposit Co- a subsidary of Zurich Ame on in covered upt to \$2,00	mpany of Maryland, Colonial American Ca erican Insurance Company. The coverage	sualty and Surety Compar provided covers embessi	ionesty Bond (a.k.a. ny, 1400 American L ement and/or the	Fidelity ane,
- 1 - 1 - 1	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropra Were all the	officer of the MCHBP cover e name of surety company, a ritium Treasurer and the Cons s coverage is provided throu, I, IL 60196. This company is ation of funds and each pers e stocks, bonds, and other so the said date?	and amount of coverage: sortium Assistant to the Tre god Fidelity and Deposit Co a subsidary of Zurich Ame on in covered upt to \$2,00 accurities owned as of the re	mpany of Maryland, Colonial American Ca erican Insurance Company. The coverage 0,000 maximum.	sualty and Surety Compar provided covers embessi	ionesty Bond (a.k.a. ny, 1400 American L	Fidelity
	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropri Were all the MCHBP on If "No", give Excluding re were all stood with a quality	officer of the MCHBP cover to a many of surety company, a trium Treasurer and the Cone s coverage is provided through. IL 60196. This company is ation of funds and each perse estocks, bonds, and other so the said date? I location: eal estate and investments hocks, bonds and other securities and content of the securities of the said date?	and amount of coverage: sortium Assistant to the Tre the Fidelity and Deposit Co. a subsidary of Zurich Arme on in covered upt to \$2,00	mpany of Maryland, Colonial American Ca prican Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of	sualty and Surety Compar provided covers embessing the tthis time. t boxes, odial agreement ss, F, Outsourcing of	ionesty Bond (a.k.a. ny, 1400 American L ement and/or the	Fidelity ane,
	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropra Were all the MCHBP on If "No", give Excluding ro were all sto with a qualit Critical Functical Functical	officer of the MCHBP cover to name of surety company, a ritium Treasurer and the Cons so coverage is provided through the Service of the Serv	and amount of coverage: sortium Assistant to the Tre gh Fidelity and Deposit Co. a subsidary of Zurich Ame on in covered upt to \$2,00 curifies owned as of the re No stocks, bonds, or off teld physically in the report les, owned throughout the accordance with Section ping Agreements of the NA	mpany of Maryland, Colonial American Ca prican Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of her securityes owned byt the Consortium a ing entity's offices, vaults or safety deposi current year held pursuant to a direct cust 1, III – General Examination Consideration	isualty and Surety Compare provided covers embession the tithis time. It boxes, odial agreement is, F. Outsourcing of pok?	ionesty Bond (a.k.a. ny, 1400 American I ement and/or the Yes [X]	Fidelity ane, No []
	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropri Were all the MCHBP on If "No", give Excluding re were all sto with a qualit Critical Fun For agreem	officer of the MCHBP cover to name of surety company, a ritium Treasurer and the Cons so coverage is provided through the Service of the Serv	and amount of coverage: sortium Assistant to the Tre gh Fidelity and Deposit Co. a subsidary of Zurich Ame on in covered upt to \$2,00 curifies owned as of the re No stocks, bonds, or off teld physically in the report les, owned throughout the accordance with Section ping Agreements of the NA	mpany of Maryland, Colonial American Caracian Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of other securityes owned byt the Consortium a cing entity's offices, vaults or safety deposit current year held pursuant to a direct cust 1, III – General Examination Consideration NC Financial Condition Examiners Handbut Financial Condition Examiners Handbut 1, III – General Examination Consideration	isualty and Surety Compare provided covers embession the tithis time. It boxes, odial agreement is, F. Outsourcing of pok?	ionesty Bond (a.k.a. ny, 1400 American I ement and/or the Yes [X]	Fidelity ane, No []
	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropri Were all the MCHBP on If "No", give Excluding re were all sto with a qualit Critical Fun For agreem	officer of the MCHBP cover te name of surety company, a titium Treasurer and the Cons s coverance is provided throu i, IL 60196. This company is ation of funds and each pers e stocks, bonds, and other so the said date? c location: eal estate and investments h cks, bonds and other securit fied bank or trust company ir ctions, Custodial or Safekee ents that conform to the requi	and amount of coverage: sortium Assistant to the Tre th Fidelity and Deposit Co. a subsidary of Zurich Amo on in covered upt to \$2,00 courities owned as of the re No stocks, bonds, or othe teld physically in the report les, owned throughout the accordance with Section pring Agreements of the NAIC Fina Literments of the NAIC Fina Custodian's Address	mpany of Maryland, Colonial American Caracian Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of other securityes owned byt the Consortium a cing entity's offices, vaults or safety deposit current year held pursuant to a direct cust 1, III – General Examination Consideration NC Financial Condition Examiners Handbut Financial Condition Examiners Handbut 1, III – General Examination Consideration	isualty and Surety Compare provided covers embession the tithis time. It boxes, odial agreement is, F. Outsourcing of pok?	ionesty Bond (a.k.a. ny, 1400 American I ement and/or the Yes [X]	Fidelity ane, No []
	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropri Were all the MCHBP on If "No", give Excluding re were all sto with a qualit Critical Fun For agreem	officer of the MCHBP cover te name of surety company, a titium Treasurer and the Cons s coverance is provided throu i, IL 60196. This company is ation of funds and each pers e stocks, bonds, and other so the said date? c location: eal estate and investments h cks, bonds and other securit fied bank or trust company ir ctions, Custodial or Safekee ents that conform to the requi	and amount of coverage: sortium Assistant to the Tre th Fidelity and Deposit Co. a subsidary of Zurich Amo on in covered upt to \$2,00 courities owned as of the re No stocks, bonds, or othe teld physically in the report les, owned throughout the accordance with Section pring Agreements of the NAIC Fina Literments of the NAIC Fina Custodian's Address	mpany of Maryland, Colonial American Caracian Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of other securityes owned byt the Consortium a cing entity's offices, vaults or safety deposit current year held pursuant to a direct cust 1, III – General Examination Consideration NC Financial Condition Examiners Handbut Financial Condition Examiners Handbut 1, III – General Examination Consideration	isualty and Surety Compare provided covers embession the tithis time. It boxes, odial agreement is, F. Outsourcing of pok?	ionesty Bond (a.k.a. ny, 1400 American I ement and/or the Yes [X]	Fidelity ane, No []
	Is the fiscal If "Yes", giv The Consort Bond). This Shaumburg misappropri Were all the MCHBP on If "No", give Excluding ri were all sto with a qualit Critical Fun No sto	officer of the MCHBP cover re name of surety company, a ritium Treasurer and the Cone s coverage is provided throu i, IL 80196. This company is ation of funds and each pers e stocks, bonds, and other se the said date? e) location: eal estate and investments h cks, bonds and other securit fied bank or trust company ir ctions, Custodial or Safekee tents that conform to the requ 1 Name of Custodian(s) toks owned at this time	and amount of coverage: sortium Assistant to the Tre th Fidelity and Deposit Co. a subsidary of Zurich Amo on in covered upt to \$2,00 accurities owned as of the re No stocks, bonds, or off beld physically in the report ies, owned throughout the accordance with Section pring Agreements of the NAIC Fina Custodian's Address N/A	mpany of Maryland, Colonial American Caracian Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of other securityes owned byt the Consortium a cing entity's offices, vaults or safety deposit current year held pursuant to a direct cust 1, III – General Examination Consideration NC Financial Condition Examiners Handbut Financial Condition Examiners Handbut 1, III – General Examination Consideration	isualty and Surety Compare provided covers embession the tithis time. It this time. It boxes, odial agreement is, F, Outsourcing of ook? In the tithis time is the control of the contr	ionesty Bond (a.k.a. ny, 1400 American I ement and/or the Yes [X]	Fidelity ane, No []
	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropri Were all the MCHBP on If "No", give Excluding re were all sto with a qualit Critical Fun For agreem No sto	officer of the MCHBP cover e name of surety company, a ritium Treasurer and the Cons s coverage is provided throu I, IL 80196. This company is ation of funds and each pers e stocks, bonds, and other se the said date? e location: electric state and investments h cks, bonds and other securit fied bank or trust company in ctions, Custodial or Safekee nents that conform to the requ Name of Custodian(s) coks owned at this time	and amount of coverage: sortium Assistant to the Tre th Fidelity and Deposit Co. a subsidary of Zurich Amo on in covered upt to \$2,00 accurities owned as of the re No stocks, bonds, or oth beld physically in the report ies, owned throughout the accordance with Section pring Agreements of the NA uirements of the NAIC Fina 2 Custodian's Address N/A to the requirements of the ic	mpany of Maryland, Colonial American Careincan Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of other securityes owned byt the Consortium a sing entity's offices, vaults or safety deposit current year held pursuant to a direct cust 1, III – General Examination Consideration IC Financial Condition Examiners Handboard Condi	the t this time. t boxes, odial agreement Is, F. Outsourcing of ook? mplete the following:	ionesty Bond (a.k.a. ny, 1400 American I ement and/or the Yes [X]	Fidelity ane, No []
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	Is the fiscal If "Yes", giv The Consor Bond). This Shaumburg misappropri Were all the MCHBP on If "No", give Excluding re were all sto with a qualit Critical Fun For agreem No sto	officer of the MCHBP cover te name of surety company, it titium Treasurer and the Com- s coverage is provided throu- i, IL 60196. This company is ation of funds and each pers e stocks, bonds, and other se the said date? e location: eal estate and investments in cks, bonds and other securit field bank or trust company ir citions, Custodial or Safekee ments that conform to the requi- tions, Custodial or Safekee ments that conform to the requi- tions, Custodial or Safekee ments that conform to the requi- tions, Custodial or Safekee ments that conform to the requi- tions, Custodial or Safekee ments that conform to the requi- tions, Custodial or Safekee ments that conform to the requi- tions, Custodial or Safekee ments that conform to the requi- tions of Custodial or Safekee ments that do not conform to d a complete explanation:	and amount of coverage: sortium Assistant to the Tre th Fidelity and Deposit Co. a subsidary of Zurich Amo on in covered upt to \$2,00 accurities owned as of the re No stocks, bonds, or off beld physically in the report ies, owned throughout the accordance with Section pring Agreements of the NA ulirements of the NAIC Fina 2 Custodian's Address N/A to the requirements of the ic	mpany of Maryland, Colonial American Careincan Insurance Company. The coverage 0,000 maximum. eporting period in the actual possession of other securityes owned byt the Consortium a sing entity's offices, vaults or safety deposit current year held pursuant to a direct cust 1, III – General Examination Consideration IC Financial Condition Examiners Handboard Condi	the t this time. t boxes, odial agreement Is, F. Outsourcing of ook? mplete the following:	ionesty Bond (a.k.a. ny, 1400 American I ement and/or the Yes [X]	Fidelity ane, No []
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Greater Tompkins County Municipal Health Insurance Consortium
(Name)

GENERAL INTERROGATORIES (CONTINUED)	GENERAL	INTERROGATORIES	(Continued)
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11. a)	What is the percentage that the MCHBP uses for its claims payable reserve?		
b)	Is the percentage used for claims payable reserve equal to the <u>minimum</u> requirement of 25% as per Insurance Law § 4706(a)(1)?	Yes[]	No [X]
c)	If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4708(a)(1)?	Yes [X]	No[]
d)	If c) is "Yes", answer the following:		
	i) When was the request filed with the Department of Financial Services?		: 11/02/13
	ii) When was the request approved?	Date:	: <u>N/A</u>
	iii) If approved, please attach a copy of the approval letter.		
12. a)	Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?	Yes[X]	No[]
b)	If No, give details: N/A		
	N/A		
13. a)	Was the MCHBP's prior year's annual statement amended?	Yes[]	No [X]
b)	If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile		
	i) Amendment number N/A		
	ii) Date of amendment N/A		
14.	Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?	Yes[X]	No I 1
15. a)	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?	None	
b)	List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection	<u> </u>	
5,	with matters before legislative bodies, officers or departments of government during the period covered by this statement.		
	1 2 Name Amount Paid		
	N/A		
16. a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance		
	Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?	Yes[]	No [X]
b)	If a) is "Yes", provide the following:		
	i) Anticipated date of distribution.	Date: N/A	
	ii) Anticipated amount of distribution.	N/A	-
17. a)	Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?	Yes[X]	No[]
b)	If a) is "Yes", answer the following:		
	i) When was the request filed with the Department of Financial Services?	Date: 10/01/10)
	ii) When was the request approved?	Date: N/A	_
	iii) If approved, please attach a copy of the current community rating methodology as well as the approval letter.	***************************************	
c)	If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services;		
	This information was submitted as part of our application process to the state and was approved at that time.		
	A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10		
18. a)	Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?	Yes [X]	No[]
b)	If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?	Yes[]	No []
c)	If b) is "Yes", answer the following		
	i) When was the request filed with the Department of Financial Services?	Date:	_
	ii) When was the request approved?	Date:	
	iii) If approved, please attach a copy of the approval letter.		
d)	If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intents to correct this violation?		
19. a)	Has the MCHBP changed its CPA since the last Annual Statement filing?	Yes[]	No [X]
b)	If a) is "Yes", did the MCHBP provide updated information to the Department of Financial Services within 60 days of the change?	Yes[]	No []
c)	If b) is "No", please be advised that in the future the Department of Financial Services requires notification of a change in CPA within 60 days of the change, In addition, please provide the following information for the new CPA:		
	i) Name		
	ii) Address		
	iii) Telephone Number		
	iv) Email Address		
d)	Was the CPA dismissed or did the CPA resign?	Yes[]	No []
e)	if d) is "Yes", the MCHBP must provide the following:		
	i) the company shall submit notification to the superintendent within five business days of the event;		
	ii) the company shall submit a letter to the superintendent within 15 business days of the event stating whether there were any disagreements at the decision-making level with the former CPA within the previous two years (whether or not resolved to the CPA's satisfaction) on any matter of accounting principles or practices, financial statement disclosure, or auditing scope or procedure that might or could have been referenced		
	in the CPA's opinion attached to the audited financial report and detailing with specificity the nature and extent of any such disagreements; and iii) the company shall submit, with the letter required by paragraph (2) of this subdivision, a letter from the former CPA to the superintendent stating whether the CPA agrees with the statements contained in the company's letter and, if not, stating the reasons for which the CPA does not agree.		

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository – Cash	XXX	XXX	xxx	xxx	xxx	xxx	xxx	xxx
Tompkins Trust Company	xxx	XXX	0.095	xxx	xxx	1,753	How Pract	9,970,602
	12.77(2.4)	XXX		xxx	xxx	ana Albania	and the second	
		XXX		xxx	xxx		alacca (Air.	
		XXX	1.2	xxx	xxx		Allen.	
		XXX	200	xxx	xxx	34.4		
		XXX	27.2.2	xxx	xxx	and the second	Sagres.	
		XXX		xxx	XXX	, -	i i i i i i i i i i i i i i i i i i i	
g eff		XXX		xxx	XXX			
		XXX		xxx	xxx	:-		A LONG
e de la companya de		XXX		xxx	xxx	day.	at materials	. efette.
0199999 Total Cash on Deposit	XXX	XXX	xxx	xxx	XXX	1,753		9,970,602
0299999 Cash in Company's Office	XXX	xxx	xxx	xxx	xxx	xxx	XXX	121,580
0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	1,753	interior possible res	10,092,182
Description Cash Equivalent	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
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0499999 Total Cash Equivalent	XXX	XXX	xxx	xxx	_		_	10.78
0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	S -	\$ 1,753	\$ -	\$ 10,092,182
NOTE: Negotiable certificates of deposit to be reported in			 	-				

SCHEDULE B — INVESTMENTS

### Carrier		2	1 3		, , , , , , , , , , , , , , , , , , ,			
	1 CUSIP	2	3	4	5	6 Book/Adjusted	7	8 Stated Contractual
	Identification	Description	Par Value	Actual Cost	Fair Value	Carrying Value	Acquired	Maturity Date
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Mail	0199999	Total bonds	\$ -	\$ -	\$ -	\$ -	XXX	XXX
Mail	11	2	3	4	5	6	7	8
Mail	CUSIP	Description	Number of	Par Value		Fair	Book/Adjusted	Date
							VXX	Acquired
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	0299999	Total Preferred Stocks		XXX	\$		\$	XXX
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		100 000 000 000 000 000 000 000 000 000	XXX	XXX XXX XXX XXX XXX XXX XXX XXX	XXX	S	+	
039999 Total Common Stocks \$ - \$ - XXX		100 000 000 000 000 000 000 000 000 000	XXX	XXX XXX XXX XXX XXX XXX XXX XXX	XXX	S	+	
0499999 Total Common & Preferred Stocks \$ - \$ - \$ XXX		100 000 000 000 000 000 000 000 000 000	XXX	XXX XXX XXX XXX XXX XXX XXX XXX	XXX	S	+	
	****	List Common Stocks	XXX	XXX XXX XXX XXX XXX XXX XXX XXX		7S XXX	XXX	XXX XXX XXX XXX

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March 31, 2015 (Quarter Ending)

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

		2	3	4	5	9
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
TC3	4,832	8,572	27,807			\$ 41,211
					-	
					1	1
					J	1
					-	r
						_
0199999 Individually Listed Receivables	4,832	8,572	27,807	1		41,211
0299999 Receivables Not Individually Listed					i	
0399999 Gross Premiums Receivable	4,832	8,572	27,807	•	1	41,211
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable						41,211

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

Α	Claims Paid During the	e Current Fiscal Year	Claims Unp of Current C Estimated Li of Curren	Quarter Viz: ability at End	F Total Claims Paid During the Fiscal Year and Claims Unpaid	G Estimated	Н
Description of Claims	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year	at End of Current Quarter on Claims Incurred in Prior Years (B + D)	Liability of Unpaid Claims at End of Previous Fiscal Year	Amount Unpaid Claims is Over or (Under) Reserved
1. Hospital & Medical Claims	1,268,095	4,275,713		3,928,531	1,268,095	2,738,512	1,470,417
2. Drug Claims	21,275	1,959,223		22,647	21,275	22,647	1,372
3. Other					-	1,039,180	1,039,180
4. TOTAL	1,289,370	6,234,936	-	3,951,178	1,289,370	3,800,339	2,510,969

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2

March 31, 2015	(Quarter Ending)
STATEMENT AS OF	

OF THE

Greater Tompkins County Municipal Health Insurance Consortium

(Name)

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract. SCHEDULE G — ACCOUNTS PAYABLE

	1	2	3	4	5	9
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Tompkins County Department of Finance	3,056			Since the second se		3,056
Don Barber	2,340					2,340
ProAct	352,509					352,509
Excellus	19,962					19,962
Bonadio	008'9					008'9
Hancock and Estabrook	022					770
Locey and Cahill	501					501
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						1
						1
0199999 Total Accounts Payable - Individually Listed	385,438	1	1			385,438
0299999 Aggregate Accounts Not Individually Listed - Due		*				
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						1
9999999 Total Accounts Payable	385,438	T	1	•	ı	385,438

March 31, 2015 OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	15			r. A	

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	В	С	D	E	F
	Prior				
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	2,268	2,308			

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior	С	D	Е	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	60,174	15,128			

March 31, 2015 (Quarter Ending)

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

1. Number of paticipating Municipal	Corporations (or school districts)
-------------------------------------	----------------	----------------------

- 2. Number of enrolled members

- Number of enrolled members
 Maintains Stop-loss insurance as required by 4707(a)
 Percentage used to calculate the Surplus per Section 4706(a)(5)
 Annualized Net premium income
 Surplus per Section 4706(a)(5) using Annualized Net Premium Income
 Surplus per Section 4706(a)(5) From last Fiscal Year Statement
 Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Curre	ent Quarter
	16
	2,308
899,000,000	Yes
	5.0%
	12,519,515
	625,976
asys (All Ellipse	1,803,165
	1,803,165

PMPM Total Total Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS 11EW 8 FOR INVESTED ASSETS
0806.
0807.
0808.
0809.
0810.
0898. TOTALS (Items 0806 thru 0810) xxx XXX XXX XXX XXX XXX XXX Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS 1606. 1607. 1608. 1609. 1610. 1698. TOTALS (Items 1606 thru 1610) xxx XXX XXX XXX XXX XXX Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES
1006.
1007.
1008.
1009.
1010.
1098. TOTALS (Items 1006 thru 1010) XXX XXX XXX XXX Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES
1506.
1507.
1508.
1509.
1510.
1598. TOTALS (Items 1506 thru 1510) XXX XXX XXX XXX XXX XXX XXX XXX Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS
1706.
1707.
1708.
1710.
1798. TOTALS (Items 1706 thru 1710) XXX XXX XXX XXX XXX XXX XXX XXX Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0406. 0407. 0408. 0409. 0410. 0498. TOTALS (Items 0406 thru 0410) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL 1306.
1307.
1308.
1309.
1310.
1398. TOTALS (items 1306 thru 1310) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1506. 1507. 1508. 1509. 1510. 1598. TOTALS (Items 1506 thru 1510) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.806.
20.807.
20.808.
20.809.
20.810.
20.898. TOTALS (items 20.806 thru 20.810) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES 2706.
2707.
2708.
2709.
2710.
2798. TOTALS (Items 2706 thru 2710)

^{*} As reported on Prior Year End filed Annual Statement.

March 31, 2015	
(Occasion English)	

Greater Tompkins County Municipal Health Insurance Consortium
(Name)

OVERFLOW PAGE FOR WRITE-INS

Current Quarter
1 Previous Year * Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS 4606.
4607.
4608.
4609.
4610.
4698. TOTALS (Items 4606 thru 4610) Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS 4706.
4707.
4708.
4709.
4710.
4798. TOTALS (Items 4706 thru 4710)

^{*} As reported on Prior Year End filed Annual Statement.